CASEREVIEW
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Notice of Independent Review Decision

[Date notice sent to all parties]: July 11, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
LT L4-5 Transforaminal Epidural Steroid Injection/Sedation

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
This physician is a Board Certified Physical Medicine and Rehabilitation physician with over 16 years of experience.

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
11/02/11: MRI Lumbar Spine interpreted by MD
11/08/11: Patient Visit Note by NP with WNJ Workmed
11/30/11: New Patient Visit by MD with Back Institute
01/20/12: Operative Report by MD
01/20/12: Radiography Note by MD
02/08/12: Followup by MD with Back Institute
03/23/12: Followup by MD with Back Institute
05/29/12: UR performed by MD
06/15/12: UR performed by MD

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a female who was injured on xx/xx/xx when her right leg was caught in a vacuum hose causing her to trip and fall to the floor landing on her left hip. According to Dr., she received acupuncture and some physical therapy which was somewhat helpful.

On November 2, 2011, MRI of the Lumbar Spine, Impression: 1. Diffuse degenerative changes of the lumbar spine as described in detail above. 2. Tiny central disk herniation at l4-5 producing no significant central canal compromise. There is mild-to-moderate left neural foraminal narrowing due to an asymmetric disk bulge at this level.

On November 8, 2011, the claimant was evaluated byNP who reported on physical examination she had tenderness on palpation over left SIJ. Her lower back exhibited tenderness on palpation of the left paraspinal region at L4-5 level. Straight leg testing was negative. Knee and ankle reflexes were normal. Diagnosis: Lumbar sprain, Left SI joint dysfunction, Left hip hematoma/contusion, Herniated lumbar disc, and Lumbar radiculopathy at L4-left.

On November 30, 2011, the claimant was evaluated by MD who reported she had left-sided low back pain into the left leg with some numbness in the leg occasionally. She stated she was limited in her walking and could only go for a couple of blocks and the she gets left buttock pain into the leg. On physical examination she had flexion to 30 degrees which increased her pain. Extension was not quite as painful at 10 degrees. Sitting root test was negative. She had some decreased Achilles tendon reflex on the left. Sensory and motor exam were grossly intact. Supine straight leg raise was negative. Diagnosis: Lumbar radicular syndrome, probably due to the L4-5 herniation on the left. Plan: Transforaminal ESI on the left at L4-5.

On January 20, 2012, Operative Report by MD. Postoperative Diagnosis: 1. Low back pain. 2. Left lumbar radicular syndrome with an L4-5 disc herniation. Procedure: Left L4-5 transforaminal epidural steroid injection #1.

On February 8, 2012, the claimant was re-evaluated by MD who reported her pain level went from 7 to 0 immediately and had come back to about a 4, which was an improvement from the 8 or 9. She was still having trouble getting up from a sitting position at work if she had been sitting for a long period of time. Dr. stated her pain was somewhat more manageable and would watch and wait for the next 6 to 8 weeks. She was working full duty and was not using any medication. A second ESI would be considered.

On March 23, 2012, the claimant was re-evaluated by MD who reported her pain had starting coming back two weeks prior. Dr. stated she had a positive response to the ESI and that her pain went from a 7 to a 0, then back up to a 3 or 4 and stayed there for quite some time (January 20, 2012 through beginning of March). At that time, the claimant reported that Aleve was not cutting the pain and she did not want to take any pill, but was willing to consider pain medication, even surgery, because she was frustrated with the pain which was making her irritable and grouchy. On physical exam her motor and sensory exam was intact. She had negative sitting root test, but had tenderness especially on the left at L4-5 and L5-S1. She had limited flexion and extension. Plan: A second ESI was

recommended and she was prescribed Ultram in the meanwhile for the pain as she continued to work full duty.

On May 29, 2012, MD performed a UR. Rationale for Denial: Most recent MD note is 3/23/12. Claimant had prior ESI left L4-5 on 1/20/12 without significant objective improvement. MD notes claimant got some relief from prior ESI. There are no motor or sensory deficits on exam. Given the lack of significant response to prior injection, request for repeat is unlikely to be of any benefit.

On June 15, 2012, MD performed a UR. Rationale for Denial: Physical examination documentation indicates she is neurologically intact on the motor and sensory exams. There is a negative sitting root test. Treatment has included a prior lumbar epidural steroid injection. Review of available medical records does not document 50-70% pain relief for at least 6-8 weeks from the prior lumbar epidural steroid injection, objective documented pain relief, decreased need for pain medications, or a functional response. Also, this request contains sedation. The supplied medical records do not provide a clinical indication for sedation, such as, extreme anxiety.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
Denial of repeat LT L4-5 Transforaminal Epidural Steroid Injection/Sedation is partially overturned (Agreed in part/Disagreed in part. Per ODG Low Back Chapter there was an initial 50-70% relief of pain (from 7 to 0 immediately, then back to 4 which remained) then returned to increasing pain after 6 weeks (from 1/20/12 to approximately 3/10/12, ~ 7 weeks) with improved function with working full duty and decrease of medication use with reports of no medications upon follow up after the 1st ESI with return to use of medications after 8 weeks. The first ESI was effective/beneficial and therefore, ODG criteria for repeat ESI are met. The request for LT L4-5 Transforaminal Epidural Steroid Injection is found to be medically necessary. The request was also for Sedation, however, the medical documentation provided did not provide any clinical reasons for sedation, such as extreme anxiety, therefore, the request for Sedation is not found to medically necessary and is denied.

Per ODG:

Criteria for the use of Epidural steroid injections:
Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.
(1) Radiculopathy must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing.
(2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).
(3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance.
(4) *Diagnostic Phase:* At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility

of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections.
(5) No more than two nerve root levels should be injected using transforaminal blocks.
(6) No more than one interlaminar level should be injected at one session.
(7) *Therapeutic phase:* If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. This is generally referred to as the "therapeutic phase." Indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms. The general consensus recommendation is for no more than 4 blocks per region per year. (CMS, 2004) (Boswell, 2007)
(8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response.
(9) Current research does not support a routine use of a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections for the initial phase and rarely more than 2 for therapeutic treatment.
(10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or sacroiliac blocks or lumbar sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.
(11) Cervical and lumbar epidural steroid injection should not be performed on the same day. (Doing both injections on the same day could result in an excessive dose of steroids, which can be dangerous, and not worth the risk for a treatment that has no long-term benefit.)

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☐ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**